**New Hampshire Department of Health and Human Services**

**Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA)**

***CRRSA Final Report***

* All programs must complete a Final Report by ***February 17, 2023.***
* This report covers the program information and funds expended between March 1, 2020 and September 30, 2022
* Save your Final Report using the following naming convention: *Program Name CRRSA Final Rep*ort
* All narrative responses should be typed in Calibri or similar 12 point font, with 1.5 line spacing. While length limitations do not apply, be clear and to the point. Bulleted responses are permitted and brevity is encouraged.
* When you have completed your CRRSA Final Report, please email it to [Dianne.r.chase@dhhs.nh.gov](mailto:Dianne.r.chase@dhhs.nh.gov) with the report attached and a read, not just sent, receipt for confirmation.
* If you wish to submit a handwritten response, request a template and specific instructions through the Grant Help Desk link.
* If you are mailing in your CRRSA Final Report, not our preferred method, use the address listed at the end of this document.
* For more information, see the CRRSA Final Report webinar, instructions, FAQs for more tips at <https://www.nh-connections.org/new-hampshire-covid-related-provider-grant-funds/>
* For application, agreement and invoice copies, go to NHCIS under the Grant Tile.
* For questions, issues, meeting requests, and signed agreement copies etc. please DO NOT EMAIL, but submit a grant help desk request at <https://www.surveymonkey.com/r/3GRQY8J>

1. **Program Name(s) and Location(s):**

**2. Lead Organization**

**(if applicable)**

**3. Primary Mailing**

**Address**

**(street, city, zip code)**

**4. Report Contact Person**

**(Program)**

**5.Telephone 6. Email**

**Number Address**

**7. State Vendor 8. Resource**

**Number Id Number**

**9. Program Status as of the date you submitted your agreement** Choose an item.

**10. If program was temporarily or permanently closed, please explain:**

**11. Dates when funding was used**

**Start** Click or tap to enter a date. **End** Click or tap to enter a date.

**12. Grant Amount $ 13. Grant Amount Spent By 9/30/22 $**

**14. As of the date you submitted your agreement was your program accepting children on NH Child Care Scholarship?**

Choose an item.

**15. Enrollment and Staffing Numbers during the grant period**

**A. Please indicate your capacity and enrollment at several intervals during the grant period**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Point in Time** | **Capacity** | **Enrolled** | **Attending** | **Age groups served** |
| **Apr 1, 2021**  **Baseline** |  |  |  | **I/T**  **PS**  **K**  **SA** |
| **Aug 2, 2021** |  |  |  | **I/T**  **PS**  **K**  **SA** |
| **Nov 1, 2021** |  |  |  | **I/T**  **PS**  **K**  **SA** |
| **Sep 30, 2022** |  |  |  | **I/T**  **PS**  **K**  **SA** |

**B. Please indicate your staffing numbers at several intervals during the grant period.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Point in Time** | **Direct Care** | **Support Staff** | **Mgmt Staff** | **Age groups served** |
| **Apr 1, 2021** |  |  |  | **I/T**  **PS**  **K**  **SA** |
| **Aug 2, 2021** |  |  |  | **I/T**  **PS**  **K**  **SA** |
| **Nov 1, 2021** |  |  |  | **I/T**  **PS**  **K**  **SA** |
| **Sep 30, 2022** |  |  |  | **I/T**  **PS**  **K**  **SA** |

**C. Any additional Information you would like to share about enrollment and staffing before or during the grant period**

1. **Please indicate in the chart below how the CRRSA funds were allocated.**

|  |  |  |
| --- | --- | --- |
| **CRRSA Allowable Uses Summary Chart** | | |
| **Budget Line Item** | **Amount Expended** | **Brief description of how funds were used, the time period. Put a ; between each descriptive statement** |
| **Staffing and Personnel Expenses**  **Portion of wages, benefits, contract and per diem staff related directly to COVID** |  |  |
| **Operating and Occupancy Costs to maintain operations during the COVID emergency** |  |  |
| **Materials and supplies related to COVID** |  |  |
| **Equipment and Services related to COVID** |  |  |
| **Staff Development/Training to support Staff and Families** |  |  |
| **Parent Fees to Offset Tuition for Essential and Unemployed Families** |  |  |
| **Income Losses** |  | **Detail answer in Question # 17** |
| **Overhead** |  |  |
| **Other Areas, not listed - add rows as needed** | | |
|  |  |  |

**EXPENDED AMOUNT TOTAL $**

1. **Income Losses**
2. **Detail the income losses credited to CRRSA funds, delete unused rows, but not table header or total line.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Income Loss** | **From (date no earlier than March 1, 2020)** | **To (date no later than September 30, 2022)** | **$ Total Amount Pre-Loss** | **$ Amount of Loss being credited to CRRSA funds** | **Number of children # previous year same time period/# at time of loss** |
| Choose an item. | Click or tap to enter a date. | Click or tap to enter a date. |  |  |  |
| Choose an item. | Click or tap to enter a date. | Click or tap to enter a date. |  |  |  |
| Choose an item. | Click or tap to enter a date. | Click or tap to enter a date. |  |  |  |
| Choose an item. | Click or tap to enter a date. | Click or tap to enter a date. |  |  |  |
| Choose an item. | Click or tap to enter a date. | Click or tap to enter a date. |  |  |  |
| Choose an item. | Click or tap to enter a date. | Click or tap to enter a date. |  |  |  |
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| Choose an item. | Click or tap to enter a date. | Click or tap to enter a date. |  |  |  |
| Choose an item. | Click or tap to enter a date. | Click or tap to enter a date. |  |  |  |
| Choose an item. | Click or tap to enter a date. | Click or tap to enter a date. |  |  |  |
| **Totals should equal same amount listed in CRRSA Allowable Uses Summary Chart** | | | |  |  |

1. **If you selected “Other scenario” in the Type of Income Loss for Part A please explain here.**
2. **Any additional information you wish to share related to income losses.**
3. **How did the CRRSA Funds positively impact your program?**

***Please describe how the allocation and use of the funds in your program help support one or more of the following goals of the CRRSA funding.***

1. **Helped provide and maintain healthy, safe and stable services**
2. **Helped with ongoing program recovery & stabilization**
3. **Helped build a stronger child care system infrastructure**
4. **Helped support families**
5. **Please discuss how in general how the CRRSA funding impacted your program? Please be specific about what your program was able to accomplish during the time you were spending the funds and how that impact will carry forward in the future (as applicable) include data when possible. Include one to two personal stories about the impact on families, children or staff.**
6. **By my handwritten or typed signature, I am attesting the information in this document is true and accurate to the best of my knowledge. Said information is supported by onsite documents that are available at my program location or through my representative.**

**Date**Click or tap to enter a date. **Signed by (name)**